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## BIB DATA SHEET

CONFIRMATION NO. 9818

<b>SERIAL NUMBER</b> 10/536,545	<b>FILING or 371(c) DATE</b> 11/07/2005 <b>RULE</b>	<b>CLASS</b> 712	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 20518/51 (S-8500)		
<b>APPLICANTS</b> Larry Salvadori, San Diego, CA; Lee Gour, La Mesa, CA; Martin W. Kerber, Sanford, FL;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/27011 08/20/2004						
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 60496793 08/21/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/08/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/VICTORIA P CAMPBELL/</u> Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Tyco Healthcare Gap LP IP Legal Dept. 15 Hampshire st. Mansfield, MA 02048 UNITED STATES						
<b>TITLE</b> Surgical instrument						
<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		